

BENEFICIARY CHANGE FORM

MEMBER INFORMATION (please print):

_____	_____	_____
Name	Social Security No.	Date of Birth
_____		_____
Address (City, State and Zip Code)		Phone No

This form will void and replace any prior nomination of beneficiaries.

NOTE: Unless you provide otherwise, by naming more than one primary or contingent beneficiary you are directing payment in equal shares to the named beneficiaries who survive you. (Please attach an additional sheet, if you are including additional beneficiaries.)

PRIMARY BENEFICIARIES:

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

If no primary beneficiary survives you, we will pay benefits to the contingent beneficiaries named below.

CONTINGENT BENEFICIARIES:

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

First Name _____ Last Name _____

Social Security No _____ Birth Date _____ Gender _____ Relationship _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____ % _____

NOTE: YOU MUST COMPLETE THE REVERSE SIDE OF THIS FORM

Please sign below:

I hereby confirm the beneficiary designations shown on the front side of this form replace my prior nominations. **If married, Section A must be completed.**

Member's Signature

Date

NOTE: Either Section A or Section B below must also be completed and signed.

SECTION A – SPOUSE'S SIGNATURE: I am the spouse or state registered domestic partner of the MercedCERA member who is submitting this designation of beneficiaries. I understand that the sole purpose of this section is to notify me of the change of beneficiary made by my spouse or state registered domestic partner.

Printed Name of Spouse or State Registered Domestic Partner

Signature of Spouse or State Registered Domestic Partner

Date

SECTION B - MEMBER'S STATEMENT: (Only necessary if spouse/registered domestic partner signature is not included) I declare under penalty of perjury that a spouse's/registered domestic partner's signature is not included on this change of beneficiary form for the following reason:

- I am not married and have not established a registered domestic partnership. (If a widow, a copy of spouse's death certificate must be submitted.)
- My current spouse/registered domestic partner is incapable of executing the acknowledgment because of incapacitating mental or physical conditions.
- My current spouse/registered domestic partner and I have executed a marriage/partnership settlement agreement pursuant to Part 5 (commencing with Section 1500) of the Family Code, which makes the community property law inapplicable to the marriage/partnership.

Member's Signature

Date

MercedCERA USE ONLY

MKEY

DATE ENTERED

ENTERED BY

DATE REVIEWED

REVIEWED BY
